

growth of many industries like recreation and tourism.

In my own State of Rhode Island, the Blackstone Valley generates about 10 percent of our \$1.47 billion tourism industry through projects like park improvements, riverboating, nature preserves, and the visitation of historical sites. This figure becomes even more profound when we consider that the tourism in the valley is growing at 11 percent a year, making travel and tourism the second fastest growing industry in Rhode Island.

The successes of the Heritage Corridor, however, are not limited to just tourism. The rebirth of the region has reduced unemployment in 1982 from 14 percent to just over 6 percent in 1995. This has been a direct result of the role that small business have played. In response to many of the economic development projects along the corridor, Main Street businesses are retooling, and other ventures, like hotels and restaurants, have become a part of the economic rebirth in the Blackstone Valley.

Ultimately, the effectiveness of the National Heritage Corridor can be traced to a successful public-private relationship. Through the help of the Blackstone Corridor Commission, a partnership between Federal, State and local agencies, along with the private sector, has worked together to fund a variety of projects in the corridor.

In many cases every Federal dollar spent is matched by one or more dollars of privately raised funds. Of particular note is the Blackstone Valley Explorer, a 49-passenger riverboat which was constructed in 1993 with funds raised from local corporations, communities, private citizens and the National Park Service. To date, the Explorer has shown the recover of the valley to more than 43,000 passengers and had a direct economic impact of more than \$1 million. That represents a 28-to-1 return on the Federal Government's investment.

In all, the corridor, which covers 46 miles of land from Worcester, MA, to Providence, RI, is a prime example of what a federally sponsored program should represent. The additional funds that we are requesting will be used to reauthorize the Corridor Commission for an additional 10 years and expand the park's boundaries from 250,000 to 400,000 acres. All of these funds will be matched by non-federal dollars.

I want to thank all the members of the House Resources for their commitment to our national heritage areas and their hard work on this bill. It has also been my honor to work with the members of the Interior Appropriations Subcommittee who demonstrated their support for the Blackstone during this years appropriations process.

INTRODUCTION OF THE BREAST CANCER PATIENT PROTECTION ACT OF 1996

HON. ROSA L. DeLAURO

OF CONNECTICUT

IN THE HOUSE OF REPRESENTATIVES

Saturday, September 28, 1996

Ms. DeLAURO. Mr. Speaker, I rise today to introduce the Breast Cancer Patient Protection Act of 1996. I want to thank my colleagues, Representatives DINGELL, SANDERS, COSTELLO, FOGLIETTA, MORAN, LOWEY,

PALLONE, MEEK, LOBIONDO, PELOSI, NADLER, ESHOO, MALONEY, NORTON, CLAYTON, and SLAUGHTER, for joining me as original cosponsors.

As an active participant in the fight for health care reform, I continue to believe that we must reform the health care system to provide quality care for all Americans. Particularly important is ensuring that women receive equitable treatment in our Nation's health care system.

This year, approximately 184,300 mothers, daughters, and grandmothers will be diagnosed with invasive breast cancer. Another 44,300 women will die from this disease. With every one in eight women developing breast cancer, virtually every family in America is vulnerable to this disease. That's why today I am filing a bill that sets a minimum length hospital stay for patients undergoing breast cancer treatment such as mastectomies at 48 hours and at 24 hours for lymph node removals.

Standard surgical treatment for breast cancer includes mastectomy, lymph node dissection, and lumpectomy. Over the last 10 years, the length of hospitalization for patients undergoing mastectomies has dwindled from 5-6 to 2-3 days. Patients undergoing lymph node dissections were hospitalized for 2-3 days. Hospitalization is essential for pain control and for the management of fluid drainage from the operative site. The less tangible, but still important benefit of hospitalization is to provide a supportive surrounding for the patient to address the psychological and emotional reactions inherent to having breast cancer, that is, depression, anxiety, and hostility.

Now, under pressure from managed care organizations to reduce costs, surgeons have had to perform lymph node dissections as outpatient surgery, and the length of stay for a patient having undergone mastectomy has been cut to 1 day, with the patient sent home with drainage tubes in place. Some HMO's send their patients home a few hours after their surgery. Others even deny women hospitalizations the day of lymph node dissection or mastectomy, making the surgeon choose between giving the patient the individual care she needs or being punished by the HMO for not following guidelines. A doctor in my district had to spend over 7 hours—not in surgery treating women for breast cancer—but rather making phone calls pleading with HMO staff members to get a mastectomy patient admitted to the hospital for 24 hours.

The guidelines that some managed care companies are using today to support their cost-cutting strategy of shipping women out of the hospital after breast cancer surgery are the product of an actuarial consulting firm in health care. This firm publishes guidelines for breast cancer treatment that are written by actuaries and a few physicians employed by their company who are not actively performing breast cancer surgery. According to physicians, these guidelines are designed to fit the ideal breast cancer surgery patient that is placed in the optimal situation. The American College of surgeons is reviewing these guidelines and believes that 80 percent of the time the normal patient will not satisfy these guidelines and will require a longer length of stay. Today HMO's are basing their coverage on health care actuaries, and not on surgeons who care for patients day in and day out and follow medically established standards of care.

The is simply unacceptable. Accepted practice has shown that victims of breast cancer

need to remain in the hospital at least 48 hours after a mastectomy and 24 hours after a lymph node dissection. This legislation would ensure that women with breast cancer get the medical attention they need and deserve. This bill ensures that health plans which provide medical and surgical benefits for the treatment of breast cancer provide a minimum length of hospital stay for patients undergoing mastectomies at 48 hours and at 24 hours for lymph node removals. Under this bill, physicians and patients, not insurance companies, can determine if a shorter period of hospital stay is appropriate.

Although it is the end of session, our commitment to breast cancer patients remains absolute. Beginning with today, with this bill, we need to ensure that women with breast cancer receive the best treatment and coverage available. We will continue to work with surgeons and other medical groups to ensure that the highest standards of care and coverage are achieved.

This legislation enjoys strong support of the National Breast Cancer Coalition, and I strongly urge all of my colleagues to join in their support of this bill. It will go a long way toward helping to ensure that American women receive comprehensive and equitable health care coverage should they be diagnosed with breast cancer.

RECOGNIZING THE END OF SLAVERY

SPEECH OF

HON. SHEILA JACKSON-LEE

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Thursday, September 26, 1996

Ms. JACKSON-LEE of Texas. Mr. Speaker, I congratulate congresswoman Barbara-Rose Collins on her efforts in introducing this important legislation. I rise in strong support of this legislation. As you may be aware the slaves in Texas were not fold of the Emancipation Proclamation until June 19, 1865, 2 years after its announcement.

Thus, it is fitting and proper that our Nation focus on the importance of Juneteenth, which was begun by African-Americans in Texas. State Representative Al Edwards spear-headed an effort in Texas to celebrate Juneteenth on a State level. Our Nation has a continuing obligation to right the wrongs created by 250 years of chattel slavery, 100 years of legal segregation, and racial discrimination that sometimes continues to this day.

I urge all Americans to celebrate Juneteenth and take the time to reflect on our Nation's commitment to freedom and justice. I hope that we will also use the commemoration of Juneteenth to create a better society for our children and grandchildren who will spend most of their lives in the 21st century. I urge my colleagues to strongly support this legislation so that future generations will remember their history and the efforts of Americans of all races, colors and creeds to create a just society.